

**CHILD AND YOUTH SERVICES (CYS) SPONSOR/PROGRAM CONTRACT AGREEMENT**

For use of this form, see AR 608-10; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Authority:** Title 10, United States Code, section 3012.

**Principal Purpose (s):** To Provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.

**Routine uses:** Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening-procedures. Family income data will be use to determine USDA food program qualification and rate structures.

**Disclosure:** Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

**Declaration of Nondiscrimination**

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, gender, or disability within the limits of AR 215-1 and AR 608-10.

**Medical Consent**

I give consent by signing this agreement, for an authorized CYS representative to take my child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health or well-being. I understand that a conscientious effort will be made to notify me before such action. I will pay any expenses incurred. Treatment of an Army medical facility may be provided without additional consent under the provisions of AR 40-3, paragraph 2-24b.

**For Official Use Only****SPONSOR (Last Name, First Name, Middle Initial):****SSN:****SPOUSE (Last Name, First Name, Middle Initial):****SSN:****CHILD (Last Name, First Name, Middle Initial):****SSN:****CHILD (Last Name, First Name, Middle Initial):****SSN:****CHILD (Last Name, First Name, Middle Initial):****SSN:****Sponsor/Parent/Legal Guardian Consent**

I, by annotating and signing this agreement, give or do not give consent to the following reference to the care of my child (ren).

**YES NO**

- a. I have received the CYS Parent Handbook and will abide by all policies.
- b. I have received the CYS Fee Guidance and understand and agree to follow all policies.
- c. I understand that CYS Standard Operating Procedures (SOP) is available upon request.
- d. Use of photographs for release to the media.
- e. Participation in ON-AND-OFF Post excursion accompanied by CYS personnel in a government or commercial vehicle.
- f. I give my permission for my child to use the computers, network, and Internet at the CYS programs in a reasonable manner.
- My child will agree to follow the posted rules put forth by the CYS program and will be held responsible for any violation of these rules.
- As the sponsor/parent I will convey good standards for Internet use to my child.
- \* For a copy of your center's COMPUTER USER AGREEMENT standards, contact the Program Computer Lab Staff.

a. ☐ ☐

b. ☐ ☐

c. ☐ ☐

d. ☐ ☐

e. ☐ ☐

f. ☐ ☐

**Program Services**

Services will not be available on: **FEDERAL HOLIDAYS/DESIGNATED BY THE COMMANDER.** I will be notified in advance, whenever possible, of additional periods of non-service as determined by CYS personnel.

**Prior Notice Requirement: TO CANCEL ENROLLMENT OF YOUR CHILD(REN) FROM ANY CYS PROGRAM, YOU ARE REQUIRED TO GIVE 2 WEEKS WRITTEN NOTICE TO AVOID THE MONTHLY CHARGES.**

An Overtime/Late pickup fee of \$1.00 PER MINUTE (maximum of \$15.00) will be charged starting at 1801 hours.

Fees will be paid in the following manner:

First half of the month payment is due between the 1st and the 5th of the month.

Second half of the month payment is due between the 15th and the 19th of the month.

A \$5.00 late fee per child will be charged whether or not payment fee falls on a weekend or a holiday.

**SIGNATURE OF SPONSOR:****DATE:****SIGNATURE OF CYS REGISTRATION PERSONAL:****DATE:**